

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90550 045 ****61.25

DOCUMENT # N29648 1. Entity Name THE CRESTVIEW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9855 LUNA CIRCLE NAPLES, FL 34104 US			Mailing Address 1044 CASTELLO DR #206 NAPLES, FL 34103 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0162317				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SW PROPERTY MGMT 1044 CASTELLO DR STE 206 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	SOLOMON, HERBERT		NAME	Dougherty, John	
STREET ADDRESS	9844 LUNA CIRCLE #D-103		STREET ADDRESS	9836 LUNA CIR. F-104	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	STD	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	DOUGHERTY, JOHN		NAME	DOWNER, MARLENE	
STREET ADDRESS	9836 LUNA CIRCLE #F-104		STREET ADDRESS	9856 LUNA CIR. A-204	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	TD	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	GROYON, JENNI		NAME	Grohan, Jenni	
STREET ADDRESS	9840 LUNA CIRCLE E-203		STREET ADDRESS	9840 LUNA CIR. E-203	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	SD	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	GLOVER, OLGA		NAME	GLOVER, OLGA	
STREET ADDRESS	9840 LUNA CIRCLE E-202		STREET ADDRESS	9840 LUNA CIR. E-202	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BESSO, MARC		NAME	VENTURINO, GAIL	
STREET ADDRESS	9832 LUNA CIRCLE G-102		STREET ADDRESS	9848 LUNA CIR. C-202	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	VENTURINO, FRANK	
STREET ADDRESS			STREET ADDRESS	9848 LUNA CIR. C-202	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34109	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Marlene Downer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/5/05 591-8124</u> Date Daytime Phone		